MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10/525010

FILING DATE

CLAIMS

		AS FILED		AFTER		TER		AS FILED		AFTER L'AMENDMENT		AFTER	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DE
2	<u> </u>	1,		 		 	51	 					\vdash
3		1		i — —		 	52 53	├					
4		1				 	<u>55</u>	 					
5	L	1			1		55	 					<u> </u>
6	<u> </u>						56						—
7		——	<u> </u>				57						├
8							58						
9 10		ļ					59		_				
11		+			<u> </u>	<u> </u>	60						┝─
12	<u> </u>	 					61		•				
13		 					62						
14							63						
15					· · ·		64 65						
16							66	 					
17							67	 					<u> </u>
18							68						
19							69						
20		ļi					70						
21							71			+			
22 23							72						
23 24							73						
25 25			· ·				74						
26							75						
27							76						
28							77 78						
29							79						
30							80						
31	•						81						
32							82						<u> </u>
33							83						
34	 -					[84						
35 36							85						_
37							86)				
38	-						87						
39							88 89	 -⊦					
10						$\overline{}$	90		 -		——-{		
11					-		91			-+			
12							92			-+			
13							93						
14							94						
45							95						
46 47						{	96						
18							97						
19			+	 }			98						
50	'				—— <u>+</u>		99 100	 -}		-+			
L IND.	1	1		8		\$	TOTAL IND.		8		18	\dashv	-13
L DEP.	.4	4		4		4	TOTAL DEP		~		4		~¥ &=
TAL AIMS	5				į		TOTAL CLADAS	ŝ		THE STATE OF THE S	-	2	